



ANNUAL REPORT WASTE TIRE STORAGE FACILITY

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (STREET ADDRESS:	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

QUANTITIES OF TIRES (IN TONS): (conversion use 21lbs passenger/41lbs passenger with rim/70lbs semi-truck)

Tires received in reporting calendar year (in tons):

Tires remaining at the facility at end of reporting calendar year (in tons):

Tires removed from facility in reporting calendar year (in tons) and disposition

Tires Removed (in tons)	End Use (specify)	Disposal (specify facility name)	Energy Recovery/Incineration (specify facility name)	Other

(form continued on back)

ADDITIONAL INFORMATION REQUIRED (check if attached): <input type="checkbox"/> Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600		
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tip fees (Attach schedule if available):	
REMAINING PERMITTED CAPACITY:	Are you planning an expansion this year? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____ Planned start date: _____		
DID YOU RECEIVE TIRES FROM:	WHERE FROM	EST. AMOUNT (Tons)
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PREPARED BY:	DATE:	PHONE: